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FACSIMILE TRANSMITTAL SHEET

TO: U.S. Patent and Trademark Office FROM: Mark A. Wilson

EXAMINER: Robert B. Mondesi PHONE NUMBER: 650.620.5506

FAX NUMBER: 571-273-8300 FAX NUMBER: 650.631.3125

PHONE NUMBER: DATE: December 16, 2005

RE: U.S. Serial No.: 10/789,956 TOTAL NO. OF PAGES INCLUDING COVER: 21
Docket No.: SHE0081.00

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE
RECYLE

DOCUMENTS SUBMITTED

Transmittal PTO/SB/21

Fee Transmittal PTO/SB/17, in duplicate

Petition for Extension of Time PTO/SB/22, in duplicate

Submission under 37 C.F.R. §1.114, Including Amendment and Remarks

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/789,956
Filing Date	February 26, 2004
First Named Inventor	Mary J. Bossard et al.
Art Unit	1653
Examiner Name	Robert B. Mondesi
Attorney Docket Number	SHE0081.00

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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1.114 Submission Inc.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Amendment/Remarks and Facsimile Transmittal
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NEKTAR THERAPEUTICS		
Signature	<i>Mark A. Wilson</i>		
Printed name	Mark A. Wilson		
Date	December 16, 2005	Reg. No.	43,275

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Minna Cotter</i>		
Typed or printed name	Minna Cotter	Date	12/16/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
50.00**Complete If Known**

Application Number	10/789,956
Filing Date	February 26, 2004
First Named Inventor	Mary J. Bossard et al.
Examiner Name	Robert B. Mondesi
Art Unit	1653
Attorney Docket No.	SHE0081.00

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CENTRAL FAX CENTER****DEC 16 2005****METHOD OF PAYMENT (check all that apply)** Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: **500348** Deposit Account Name: **NEKTAR THERAPEUTICS**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

$$\frac{63}{63} \times 50 \text{ or HP} = 1 \times 50.00 = 50.00$$

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims**Fee (\$)** **Fee Paid (\$)**

$$\frac{3}{3} - 3 \text{ or HP} = 0 \times 0 = 0.00$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) × 250.00 =	0.00	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge):

Fee Paid (\$)**SUBMITTED BY**

Signature	<i>Mark A. Wilson</i>	Registration No. (Attorney/Agent)	43,275	Telephone	650-620-5506
Name (Print/Type)	Mark A. Wilson			Date	December 16, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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